

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Neurodevelopmental Centers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-40 MAA
Issued: June 25, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-35 MAA
01-68 MAA

Subject: Update to the RBRVS* and Vendor Rate Increase for Neurodevelopmental Centers

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- Additions to the Year 2002 Current Procedural Terminology (CPT™) codes;
- Technical changes; and
- A legislatively appropriated one and one-half (1.5) percent vendor rate increase.

Maximum Allowable Fees

In updating the fee schedule with Year 2002 RVUs, MAA maintained overall budget neutrality. The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

Technical Changes

- CPT codes 97520, 97535, and 97537 are added to those billable by Occupational Therapists.
- State-unique procedure code 0002M is added to those billable by Occupational Therapists.
- MAA clarified documentation requirements for timed visits.

Attached are updated replacement pages 9-20 for MAA's Neurodevelopmental Billing Instructions, dated September 2000. To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

*RBRVS stands for Resource-Based Relative Value Scale

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Audiology

Who is eligible to perform audiology services? [WAC 388-545-0700 (1)(c)]

An audiologist who is appropriately licensed or registered to perform audiology services within their state of residence.

What type of equipment must be used?

Audiologists must use yearly calibrated electronic equipment, according to RCW 18.35.020.

Occupational Therapy

Who is eligible to provide occupational therapy? [Refer to WAC 388-545-0300(1)]

- A licensed occupational therapist;
- A licensed occupational therapy assistant supervised by a licensed occupational therapist; or
- An occupational therapy aide, in schools, trained and supervised by a licensed occupational therapist.

Fee Schedule



Note: A program unit is based on the CPT code description. If the description does not include time, the procedure equals one unit, regardless of how long the procedure takes.

If time is included in the CPT code description the beginning and ending times of each therapy modality must be documented in the client's medical record.

Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT code descriptions. To view the full descriptions, please refer to your current CPT book.

PHYSICAL THERAPY

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Tens Application			
64550	Apply neurostimulator	\$17.06	\$5.92
Muscle Testing (The maximum allowable is for payment in full, regardless of time required.)			
95831	Limb muscle testing, manual	18.43	9.33
95832	Muscle testing manual	17.75	9.33
95833	Body muscle testing, manual	23.21	16.38
95834	Body muscle testing, manual	27.53	20.25
95851	Range of motion measurements	16.38	5.69
95852	Range of motion measurements	13.88	3.87

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PHYSICAL THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Modalities			
97010	Hot or cold packs therapy	Bundled	Bundled
97012	Mechanical traction therapy	\$8.42	\$8.42
97014	Electrical stimulation therapy	8.64	8.64
97016	Vasopneumatic device therapy	7.51	7.51
97018	Paraffin bath therapy	4.32	4.32
97020	Microwave therapy	2.73	2.73
97022	Whirlpool therapy	10.01	10.01
97024	Diathermy treatment	2.73	2.73
97026	Infrared therapy	2.73	2.73
97028	Ultraviolet therapy	3.41	3.41
(For the procedures listed below, the therapy provider is required to be in constant attendance.)			
97032	Electrical stimulation	10.69	10.69
97033	Electrical current therapy	8.87	8.87
97034	Contrast bath therapy	8.19	8.19
97035	Ultrasound therapy	6.83	6.83
97036	Hydrotherapy	14.33	14.33
97039	Physical therapy treatment	6.37	6.37

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PHYSICAL THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Therapeutic Procedures (Therapy provider is required to be in constant attendance.)			
97110	Therapeutic exercises	\$16.38	\$16.38
97112	Neuromuscular re-education	17.06	17.06
97113	Aquatic therapy/exercises	17.97	17.97
97116	Gait training therapy	14.11	14.11
97124	Massage therapy	12.97	12.97
97139	Physical medicine procedure	9.78	9.78
97140	Manual therapy	15.24	15.24
97150	Group therapeutic procedures	10.92	10.92
97504	Orthotic training	16.38	16.38
97520	Prosthetic training	15.24	15.24
97530	Therapeutic activities	20.70	20.70
97535	Self care mngment training	18.43	18.43
97537	Community/work reintegration	15.02	15.02
97542	Wheelchair mngment training	Not Covered	
97545	Work hardening	Not Covered	
97546	Work hardening add-on	Not Covered	
97601	Wound care selective	25.94	25.94
97602	Wound care non-selective	19.11	10.01

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PHYSICAL THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Tests and Measurements			
97001	Pt evaluation	\$41.63	\$37.31
97002	Pt re-evaluation	22.29	20.48
97703	Prosthetic checkout	16.15	16.15
97005	Athletic evaluation	Not Covered	
97006	Athletic re-evaluation	Not Covered	
97750	Physical performance test	15.92	15.92
Other Procedures			
0002M*	Custom splint (cockup and/or dynamic supply)	47.76	
97532	Cognitive skills development	Not Covered	
97533	Sensory integration	Not Covered	
97799	Unlisted physical medicine rehabilitation service or procedure	By Report	

*State-unique code

TEAM CONFERENCES

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
99361	Physician/team conference	\$40.49	\$27.98
99362	Physician/team conference	72.34	56.19

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PEDIATRIC EVALUATION

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
New Patient			
99201-1C	Office/outpatient visit, new	\$33.48	\$22.08
99202-1C	Office/outpatient visit, new	60.20	44.17
99203-1C	Office/outpatient visit, new	89.76	67.32
99204-1C	Office/outpatient visit, new	127.52	99.74
99205-1C	Office/outpatient visit, new	162.07	132.86
Established Patient			
99211-1C	Office/outpatient visit, est	19.95	8.55
99212-1C	Office/outpatient visit, est	35.62	22.44
99213-1C	Office/outpatient visit, est	49.16	33.13
99214-1C	Office/outpatient visit, est	77.30	54.50
99215-1C	Office/outpatient visit, est	113.27	87.98

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SPEECH THERAPY

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists and Speech-Language Pathologists			
92506	Speech/hearing evaluation	\$59.61	\$30.03
92507	Speech/hearing therapy	47.55	18.43
92508	Speech/hearing therapy	46.64	9.55
92510	Rehab for ear implant	83.27	53.92
92551	Pure tone hearing test, air	10.18	10.18
97532	Cognitive skills development	13.88	13.88
97533	Sensory integration	15.02	15.02
Audiologists Only			
69210	Remove impacted ear wax	27.98	20.25
92541	Spontaneous nystagmus test	43.00	43.00
92541-26	Spontaneous nystagmus test	13.88	13.88
92541-TC	Spontaneous nystagmus test	29.12	29.12
92542	Positional nystagmus test	40.04	40.04
92542-26	Positional nystagmus test	11.60	11.60
92542-TC	Positional nystagmus test	28.44	28.44
92543	Caloric vestibular test	11.60	11.60
92543-26	Caloric vestibular test	3.64	3.64
92543-TC	Caloric vestibular test	7.96	7.96
92544	Optokinetic nystagmus test	37.54	37.54
92544-26	Optokinetic nystagmus test	9.10	9.10
92544-TC	Optokinetic nystagmus test	28.44	28.44
92545	Oscillating tracking test	36.17	36.17
92545-26	Oscillating tracking test	8.19	8.19
92545-TC	Oscillating tracking test	27.98	27.98
92546	Sinusoidal rotational test	58.01	58.01

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SPEECH THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists Only (cont.)			
92546-26	Sinusoidal rotational test	\$10.01	\$10.01
92546-TC	Sinusoidal rotational test	48.23	48.23
92547	Supplemental electrical test	28.66	28.66
92552	Pure tone audiometry, air	10.24	10.24
92553	Audiometry, air & bone	15.24	15.24
92555	Speech threshold audiometry	8.87	8.87
92556	Speech audiometry, complete	13.42	13.42
92557	Comprehensive hearing test	27.75	27.75
92567	Tympanometry	12.29	12.29
92568	Acoustic reflex test	8.87	8.87
92569	Acoustic reflex decay test	9.55	9.55
92579	Visual audiometry (VRA)	16.84	16.84
92582	Conditioning play audiometry	16.84	16.84
92584	Electrocochleography	57.10	57.10
92585	Auditor evoke potent, compre	59.38	59.38
92585-26	Auditor evoke potent, compre	16.84	16.84
92585-TC	Auditor evoke potent, compre	42.32	42.32
92586	Evoked auditory test	42.32	42.32
92587	Evoked otoacoustic emissions; limited	34.81	34.81
92587-26	Evoked otoacoustic emissions; limited	4.78	4.78
92587-TC	Evoked otoacoustic emissions; limited	30.03	30.03
92588	Evoked auditory test	46.64	46.64
92588-26	Evoked auditory test	12.51	12.51
92588-TC	Evoked auditory test	34.13	34.13
92589	Auditory function test(s)	12.74	12.74

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SPEECH THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Speech-Language Pathologist Only			
92525	Oral function evaluation	\$73.94	\$48.91
92526	Oral function therapy	48.46	18.88
92597	Oral speech device eval	65.52	43.68
92598	Modify oral speech device	40.49	32.31

OCCUPATIONAL THERAPY

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
64550	Apply neurostimulator	\$17.06	\$5.92
97003	OT evaluation	43.68	35.26
97110	Therapeutic exercises	16.38	16.38
97112	Neuromuscular reeducation	17.06	17.06
97504	Orthotic training	16.38	16.38
97520	Prosthetic training	15.24	15.24
97530	Therapeutic activities	20.70	20.70
97532	Cognitive skills development	13.88	13.88
97533	Sensory integration	15.02	15.02
97535	Self-care mngment training	18.43	18.43
97537	Community/work reintegration	15.02	15.02
97703	Prosthetic checkout	16.15	16.15
0002M*	Custom splints (cockup and/or dynamic)	47.76	47.76

*State-unique code

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